

STATE OF ALASKA  
ALASKA OIL AND GAS CONSERVATION COMMISSION  
**MONTHLY INJECTION REPORT**  
20 AAC 25.432

Name of Operator:			Field and Pool:						Month and Year:				
1. Well No.	2. API No. 50-XXX-XXXXX-XX-XX	3. Type (see instruct.)	4. Field & Pool Code	5. Method (see instruct.)	6. Days in Oper.	TUBING PRESS.		CASING PRESS.		DAILY AVG. INJ.		TOTAL MONTHLY INJ.	
						7. MAX PSIG	8. AVG PSIG	9. MAX PSIG	10. AVG PSIG	11. LIQUID (MCF)	12. GAS (BBL)	13. LIQUID (BBL)	14. GAS (MCF)
I hereby certify that the foregoing is true and correct to the best of my knowledge.  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>           Printed Name: _____             Signature: _____         </div> <div>           Title: _____             Date: _____         </div> </div>											15.		
											TOTAL		